

THE ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

Volume 05 Issue 08

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Message from the Chief



It is a pleasure to have the opportunity once again to share more information with you in the newsletter! We welcome LTC Karen Whitman to the Capitol Region ANC office and thank LTC Chris Johnson for her efforts during the last year in that position. These staff positions are keys to identifying some of our future leaders, so make sure that HRC knows if you are interested in being considered for one of these positions! Congratulations to, Ms. Johanna Berlin, a former Army Nurse who recently celebrated her 103rd birthday. We sent belated greetings on behalf of all of us—and sent her information on to WIMSA. Let's remember to include all of those who led the way for the rest of us are identified and recognized at the WIMSA memorial. Also, would ask you to remember our colleagues in your thoughts and prayers—I have received a number of emails about sudden surgeries and illnesses but HIPAA prevents me from individually identifying them here!

I was delighted to attend the National Student Nurse Association (NSNA) Conference in Salt Lake City early in April. Our Nurse Recruiters were actively engaged with the various Universities and Colleges who sent their nurses to learn more about the profession of nursing. I was delighted by their interest to serve in the military that they articulated and I was honored to present the Spirit of Nursing Award to Ms. Jennifer Bridges from the University of Arkansas for Medical Sciences. From there, I went to Western Kentucky University to present on Leadership in Healthcare to their students and share our story of Army nursing and the valor of our Soldiers. Next stop was San Antonio, for the Post-graduate Anesthesia course. I was pleased to see their focus on trauma and methods to improve the comfort and well-being of our injured troops.

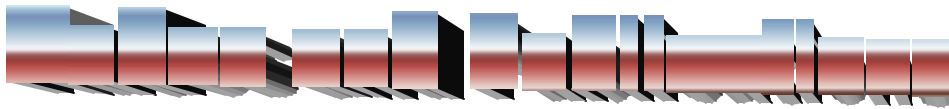
I was invited to New York City a few days later to speak to our Reserve colleagues at the 8th Medical Brigade Symposium. It was a pleasure to be there with them and again, the focus is on making the care we provide even better during deployments. Their professionalism and commitment was uplifting (and after that long flight from Hawaii to the Big Apple-I was grateful for their energy and enthusiasm). My next opportunity to represent Army Nurses was at the Capitol Region Tri-Service Nursing Symposium at Andrews AFB. This year's event was sponsored by our Navy colleagues and it was a very well done event. Amazing presentations on the medical evacuation care done by both Army and Air Force nurses from theater to Landstuhl. I was very proud of the work by Army nurses to develop a complete training program about air evacuation. I was unaware they were the change agents in that effort!

Posttraumatic stress disorder remains a concern for the AMEDD and General Officers from across the Regions met in San Antonio last week to insure we are consistent in our approach and identify the best methods to assist our own staff and our returning Soldiers. Please stay attuned to this challenge, continue to reach out and make it possible for all our returning Army personnel to talk and work their way through this process.

The month of May will keep me moving across the country and the world addressing issues that are important to each of you. I want to thank you for all the incredible work you do as Army Nurses. As you celebrate Nurses Week please know that it is your devotion, compassion, caring and pride demonstrated in the outstanding professional work that you do each day that insures I sing your praises at every opportunity. Enjoy Nurses Week knowing that you are special people doing an extraordinary job caring for the sons and daughters of America. Keep up your great efforts—and keep working towards the solutions of the challenges we face—I know we will succeed at addressing the nine issues raised by the Strategic Planning conference and as they brief me on their progress, I will keep the rest of you informed! GSP

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANC's please e-mail article to [MAJ Eric Lewis](#). The deadline for submission is the third week of every month. All Officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.



From left to right: **SFC Adrian Davenport, SGT Mark Brinsley, and Paul Galey**

The Delta Iota Chapter of Sigma Theta Tau International Honor Society for Nursing inducted three AMEDD Enlisted Commissioning Program Soldiers on Friday, March 18, 2005. The candidates were recognized for induction because of the superior scholastic achievement and leadership qualities, high professional standards, creative work, and commitment to the ideals of the nursing profession. All three Soldiers are juniors at Hampton University.

When you see **CPT(P)Timothy Funk**, Ft Knox, please congratulate him. His name was not included in the promotion list that went out in last month's newsletter.

Congratulations to **CPT Stephen Caravana**, AN, who recently completed studio production of his song "Freedom's Never Free." CPT Caravana received a personal letter of thanks from Pres. George Bush for his work, and has been endorsed by Sen. Robert Dole to perform for the troops via Armed Forces Entertainment. "Freedom's Never Free" was also played at the USARC Conference in Atlanta, at the personal request of the 94TH RRC Commander M.G. Laich.

"I wrote the song a few days after the war in Iraq began. I wrote the song as a tribute to all who have served in our nation's Armed Forces in the past, and for those who continue to serve today to protect all Americans from those who wish us harm."

LTC Bonnita Wilson and **LTC Patrick Shannon** presented "There is No Such Thing as Plug and Play: The Challenges of Integrating a Commercial-off-the-Shelf operating room management system in the AMEDD" at the 23d Annual International Nursing Computer/ Technology Conference sponsored by Rutgers University on 14 April 2005 in Atlanta, GA . The presentation focused on the Army Medical Department's (AMEDD) experience and lessons learned while implementing a commercial-off-the-shelf Operating Room Management System over a 2-year period at 26 Army Medical Treatment Facilities.

LTC Patrick Shannon was recently elected as Vice President of the Board of Directors for CARING, a national nursing informatics organization committed to leadership, education, and information sharing in the Informatics Nursing Specialty.

LTC Bonnita Wilson and **MAJ Cathy Walter** presented " System Overload: Surviving a Tsunami of Systems " at the American Nursing Informatics Association's Annual Conference on 28 April in Las Vegas, Nevada . The presentation focused on the challenges and lessons learned during the implementation of CHCSII and multiple information systems at WBAMC and described the AMEDD IM/IT governance strategy for integrating IT solutions.

Congratulations to **Tracy A. Dinh**, RN, MS, CCNS, Geneva Foundation, Tacoma, WA; **Stacey Young-McCaughan**, RN, PhD, AOCN®, COL, ANC, BAMC; **Michaela R. Shafer**, RN, PhD, COL, AF Nurse Corps, Lackland AFB; **Theresa L. Dremsa**, RN, PhD, LTC, AF NC, Lackland AFB; and the **MilNOD Study Team** for their award winning poster "INITIATING DATA COLLECTION FOR THE MILITARY NURSING OUTCOMES DATABASE (MilNOD) PROJECT UTILIZING THE ESSENTIAL CHARACTERISTICS OF THE CLINICAL NURSE SPECIALIST (CNS)". The poster won awards in two of the three categories (visual appeal and innovation) at the 2005 National Conference on Nursing Quality Databases, 5 April 05 in San Francisco.

Kudos to **1LT Raschid Ghoorahoo**, 115th Field Hospital, Abu Graib, Iraq, for his recent article "Content analysis of holistic ethics", in the journal of Complementary Therapies in Clinical Practice.

Wow! This cadre of Soldiers has taken the lead to develop the Iraqi Armed Forces Health Service Support system from the ground up. **Colonel Adams** is also the primary advisor/mentor to Brigadier General Samir Hassan, the IAF Surgeon General. These Nurses are all (with the exception of **MSG Comer**) from the 98th Division (IT) in Rochester, NY. **MSG Comer** is from the 2d Medical Brigade.



from left to right: **SFC Collins**, Instructor-Trainer for the Iraqi Academy of Health Sciences Project and health sector training developer for the Iraqi Armed Forces (IAF), **Colonel Cheryl Adams**, the Assistant Chief of Staff for Health Affairs, for Multi-National Security and Transition Command-Iraq (MNSTC-I), **Major Mack**, Medical Operations Officer for MNSTC-I, **MSG Comer**, MNF-I Health Training Liaison NCO to MNSTC-I and Iraqi Medic Course Instructor/Writer, and **Major Nadal**, Health Programs Training Officer, MNSTC-I.

News from the Office of the Army Nurse Corps

The ANC Newsletter is sent to all Army Nurse Corps officers through AKO. Every month hundreds of newsletters come back as undeliverable. In order to continue receiving the newsletter please remember the following, according to MEDCOM 25-2-09, all AMEDD personnel should have their AKO email address forwarded to their exchange email address (must be a .mil or .gov email address). This will resolve some undeliverable addresses. When possible, check your AKO and exchange email regularly. Most returned emails are a result of Over Quota mailboxes. Users who did not receive the ANC April Newsletter that was sent may have an inactive or incorrect email address that their AKO email address is being forwarded to.

To Add/Update Your Forwarding Email Address:

Once logged into AKO, on the left navigation under Getting Started is a link titled "My Account." Click on the link.

Under the My Account Settings title (towards the top) is a link for Mail Options. Click on that. From there, the user will be able to update their forwarding email address (first two text boxes: Forwarding Address and Confirm Forwarding Address).

The latest resource released on AKO is the Army Mentorship Resource Center. This is a tool we can all use. It contains valuable information on policies, regulations, guidance, and additional links of interest. Check it out at

<http://www.armyg1.army.mil/hr/MRC.asp>

We are still pushing the use of the ANC website on AKO. This page is the beginning of a knowledge management transformation to more effectively communicate with all members of the Corps. It will also provide career development, education opportunities, and information sharing. We will be developing AOC specific community pages to provide more detailed information for each of our nursing specialties. MAJ Eric Lewis manages the Corps Chief's Office Web initiatives please contact him with any ideas at <mailto:Eric.Lewis@amedd.army.mil>.

Directions to access and create a shortcut to the ANC AKO Homepage

We have created a PowerPoint presentation on how to access and create a shortcut to the ANC page from your AKO page.

You can copy the URL, <https://www.us.army.mil/suite/doc/1329577>, and paste it into your web browser. You will be prompted to log onto AKO. Once you have logged in, please be patient as the page is loaded (may take a minute.) You will then be prompted to subscribe to the knowledge center where the presentation is located. After you have subscribed, the download prompt will pop-up, giving you the choice of opening or saving the presentation to your hard drive. If you are not given the download prompt after subscribing, relick on the link (sometimes the subscription takes a few seconds to take place). If you have already subscribed to the ANC homepage you can access it directly through this url:

<https://www.us.army.mil/suite/page/130190>

News from USAREC

Message from the Chief

Recruiting for the Future: It was an honor to represent the Army Nurse Corps at the recent National Student Nurses Association (NSNA) convention held in Salt Lake City, Utah. This annual event was attended by nearly 3500 nursing students and faculty members throughout the United States.

Our recruiting efforts were supported by healthcare recruiters from the 6th Medical Recruiting Battalion: CPT Elizabeth Findley and CPT Vincent Gales. CPT Kevin McDermott from Cadet Command also contributed to our recruiting efforts. Our logistical support was provided by SFC Julian Sherrill from the U.S. Army Accessions Support Brigade. We had an outstanding team and made numerous contacts with young and energetic nursing students who expressed a genuine interest in learning more about the Army Nurse Corps.

In addition to recruiting for future leaders of the Army Nurse Corps, we also attended the Annual Awards Ceremony. The Spirit of Nursing (SON) Award Program is a joint program between the U.S. Army Recruiting Command, the Army Nurse Corps and the National Student Nurses Association. The SON Award is given to an exceptional nursing student. Nominations are submitted by deans or program directors from nursing schools around the nation. A board is convened at USAREC that

reviews information on each nominee regarding community involvement, academic achievement, professional involvement and leadership experience.

The winner of this prestigious award is recognized at the Annual Awards Ceremony at the NSNA. It was a privilege to have MG Gale Pollock present the 2005 Spirit of Nursing Award to this year's winner, Ms. Jennifer Bridges. Jennifer is a recent graduate from the University of Arkansas for Medical Sciences. This delightful and motivated young woman graduated with a cumulative grade point average of 3.84 and was involved in numerous professional and community activities during her undergraduate tenure. She serves as a role model for fellow nurses and we are still trying to recruit her!

Following the Awards Ceremony, USAREC sponsored a gala reception for all attendees. The National Student Nurses Association and their annual convention continue to be an important recruiting venue for the Army Nurse Corps.

COL Ann Richardson,
Chief, ANC Branch
U.S. Army Recruiting Command

Recruiting S.O.S. by COL Carol Swanson, Office of the Deputy Chief, Army Nurse Corps

Calling all Army Reserve Nurses! Our recruiting numbers this FY are running 50% of mission. In past years, we have exceeded our recruiting mission or only marginally missed the mission so this is particularly alarming. It is time for all of us to work as a team to meet our mission! How can we support the recruiting mission? Here are a few ideas:

- Invite your local recruiter to a drill and have them bring prospects. Do a "show & tell" on your readiness training or war time trauma treatment for your visitors.
- Volunteer with your recruiting brigade to accompany them in an ADSW to recruiting events.
- Volunteer to be a guest speaker at your alma mater or a local college on your GWOT experiences (this can be a funded ADSW by your recruiting brigade).
- When you are at a CHE, wear your uniform AND sign up at the Army recruiting booth for some face time with prospective nurses.
- Become familiar with the incentives that were in last month's newsletter so you can talk with co-workers and nursing colleagues about them.

I suggest that all nurses who rate nurses ask for a bullet on the support form for recruiting support to encourage these or other ideas. E-mail me your success stories and other ideas.

The Army Reserve Advisors for the Medical Recruiting Battalions (MRB) are:

1st MRB : MAJ Gordon Albro - Ft. Meade, MD. (301) 677-7451
 2nd MRB: MAJ Dexter Gammage- Forest Park, GA (404) 469-3308
 3rd MRB : LTC Rodney McBride – Ft Knox, KY (502) 626-1012
 5th MRB : MAJ Brian Benjamin - Ft. Sam Houston, TX (210) 295-0833
 6th MRB : LTC Janette Brown-McCoy - Las Vegas, NV (702) 639-2094

Quick Reaction by "Army Angels" Saves Life by Jim Humphreys, GS, USAREC

ORLANDO – A Central Florida man in a recent email message to a local television reporter described the people who might have saved his life as 'Army Angels.'

Bob French of Orlando was riding his motorcycle near a shopping mall when he was involved in a wreck in front of the Orlando Healthcare Recruiting Station. The collision with a car severely injured his right leg.

He described what happened: "On February 9th, 2005 at around 12:30 P.M. I was involved in a motorcycle/car accident on McGuire Road just adjacent to Fashion Square Mall. Me being on the motorcycle. The accident resulted in my right leg being severed just below the knee. I never lost consciousness throughout the ordeal. I tried to stand up right after the accident and saw that my right foot was gone. I lay back down and almost immediately two "Army Angels" were onsite. One was a Captain Groff and the other was a Major Stella. Captain Groff got my attention away from my leg and Major Stella, being a nurse immediately began to stop the bleeding. Without their immediate attention I could have easily died from loss of blood in a very few minutes due to the artery being severed."

Mr. French's bad fortune was followed by several strokes of good luck. One stroke of good luck was his wreck happened within yards of an Army Healthcare Recruiting Station. Another stroke of luck was more people were on-site that day because of an inspection.

The Army Medical Recruiting Battalion Commander and Command Sergeant Major were inspecting the Orlando Healthcare Recruiting Station when they decided to take a midday break. Two recruiters undergoing the inspection, SFC Michael Smart, Florida Team NCOIC, and SFC James Shelton, Orlando Health Care Station Commander, left the station to stretch their legs with a short walk. That's when the wreck happened in front of the station.

The two Soldiers took charge of the situation without hesitation. SFC Smart called 911 while SFC Shelton got **MAJ Carmen Stella, Florida Team Commander and an Army Nurse Corps Officer**, and CPT Robert Groff, Officer Recruiter, to provide immediate assistance to two people who appeared to be seriously injured in the wreck. SFC Shelton redirected traffic at the intersection busy with noontime traffic. MAJ Stella, CPT Groff and SFC Smart then tended to the two individuals injured in the accident.

The collision left French with a compound fracture to a leg and a severed foot. MAJ Stella helped to control blood flow until an EMT team arrived. The other person involved in the wreck appeared to be in shock and was placed into a prone position on the ground next to her vehicle.

The Orlando police officers and EMT's who responded to the wreck expressed their gratitude to the Army Healthcare Recruiter Team for their quick and unflappable response.

The decisive reaction by Smart, Shelton, Stella and Groff enabled emergency medical personnel to save French's right foot. He is expected to achieve a full recovery and use of his right leg after physical therapy

French told Channel 9 news in his email asking recognition for the Soldiers who responded to help him. "To have such a serious accident and to have those 'Army Angels' be on the scene so quickly definitely saved my life. Had they not been there I most certainly would have lost a serious amount of blood before the Paramedics arrived. By the time OPD Sgt. Coleman arrived on the scene, Maj. Stella already had the bleeding under control."

LTC Lorraine Breen, 2nd Army Medical Recruiting Battalion commander, described what happened as "when a normal day turned into a remarkable day.

"This is an example of the quality of the soldiers and healthcare providers that we have in, and who are recruiting for, our Army," LTC Breen said. "Not only are they recruiters but they are trained Soldiers who drew on the training that they have received as Soldiers when called to do so. These soldiers demonstrated the Army Values in their actions and in so doing made what seemed to be just another day a truly remarkable day for those lives they touched."

"The immediate action taken by these folks goes above and beyond their normal call of duty," French said.

A Day in the Life of an ROTC Nurse Counselor by CPT Prentice R. Price, 8th Brigade Western Region

It is 0730 AM on April 14 and I am preparing to meet with the Recruiting Operations Officer of Alabama A&M University. We will meet to strategize and determine what we hope to gain out of the presentation I am about to give to a group of nursing students at the University of Alabama in Huntsville. After a brief meeting we decide that our goal is to leave with a list of potential students interested in ROTC and a career in the Army Nurse Corps. Next, it is on to the School of Nursing, to meet with Dr Anderson, Assistant Professor of Nursing, who has so graciously allowed us time to present to her students taking Nursing Leadership and Management. After meeting Dr. Anderson, thanking her for her support and explaining our intent with today's information brief, we wait for her students to arrive. The interchange with Dr. Anderson is very positive and receptive and this is one of the most important facets of the nurse counselor role, influencer relationship building. Simply put, this is garnering the support of faculty and university officials in support of the ROTC mission.



Once class begins I provide a brief of the benefits of Army ROTC and the career opportunities in the Army Nurse Corps. Forty three students are present and seven express interest and desire additional information. After the briefing I counsel one of the ROTC nursing cadets in nursing school there. During this timeframe I review her transcripts from last semester, discuss her current course work in progress and provide anticipatory guidance concerning the Officer Basic Course and life as an Army Nurse Corps Officer.

Upon arriving back into the office at Redstone Arsenal in Huntsville, AL, I begin to make the final coordination for students attending the Nurse Summer Training Program. This program allows ROTC nursing cadets the opportunity to spend 21 days in an Army MTF while being precepted by an Army Nurse Corps officer. Coordination for this event includes educating the cadets about this wonderful opportunity, screening their applications and assignment preferences and lastly compiling an order of merit list to determine selection and clinical placement.

Next, I am on to reviewing four year scholarship applications for high school seniors. All of the 4year nursing scholarships awarded through ROTC are screened for acceptability and aptitude by the ROTC Nurse Counselor assigned to the Brigade which the student's school choice falls under. Applications are reviewed for ACT score, cumulative GPA and math and science aptitude, based upon high school academic course work. The last piece of this puzzle will frequently be a discussion with the student and parent explaining the structure of ROTC, military nursing and conditions of the scholarship.

Each day is filled with a variety of challenges and opportunities to positively influence the lives of future ANC's. For more information about this exciting opportunity contact any of the 13 Brigade Nurse Counselors throughout Cadet Command.

News from Around the Army Nurse Corps and the World

Captain Sean Grimes Nursing Scholarship Fund (from the Michigan State University website with permission)

www.nursing.msu.edu



Sean loved MSU! Sean Grimes enlisted in the Army to make a positive impact in the world. And although his life was short, he did make a difference. On March 4, 2005, CPT Sean Grimes was killed, during combat patrol in Ar Ramadi, Iraq, when the armored Humvee he was riding in was hit by an improvised explosive device. Grimes had been in Iraq for about six months when he was killed.

During his 13-year career in the military, Grimes held several medical service positions, including emergency nurse and physician's assistant. Grimes, 31, was assigned to the 1st Infantry Battalion, 9th Infantry Regiment, which was part of the 2nd Brigade Combat Team supporting the 1st Marine Division. The Pontiac native graduated from Lahser High School in Bloomfield Hills and enlisted in the Army Reserves. In 1997, he earned a bachelor of science in nursing from Michigan State University College of Nursing, where he was an exceptional student, graduated with honors and received the from the Reserve Officers Training Corps commission as a Distinguished Military Graduate Award.

While at the College of Nursing, "He was the epitome of what an outstanding soldier and nurse should be: He took charge of situations, was respectful, accepted responsibility, had a great sense of humor, and was a leader," as Assistant Professor Linda Keilman remembers. "He was one of the good ones!" she added.

Sean loved the Army and the military and was devoted to his mission of providing the best possible medical care to soldiers. He was a soldier because he firmly believed that was the best way he could make a difference in the world. He was very devoted to the soldiers who served under him and never wanted to leave them. He died fighting for what he believed in; and his entire family was extremely proud of his service.

In addition to a "strong desire" to serve, Grimes dedicated his life to the Army to follow a family tradition. Grimes' father was in the Navy and his brother was an Army Ranger.

He is survived by his mother, Mary T. Grimes; father, Donald Grimes; one brother, Donald Grimes Jr.; sister, Mary T. Grimes; a nephew; and many cousins.

He was awarded the Bronze Star and Purple Heart posthumously.

Captain Grimes' many friends and brother and sister created this scholarship to continue the good work Sean started during his lifetime. It will assist army reservist in the future to realize their dreams of becoming a nurse.

[Contribute to the Captain Sean Grimes Nursing Scholarship Fund](https://www.givingto.msu.edu/gift/dig.cfm?desi_code=AH0127&desig_descrip=Captain%20Sean%20Grimes%20Nursing%20Scholarship)

https://www.givingto.msu.edu/gift/dig.cfm?desi_code=AH0127&desig_descrip=Captain%20Sean%20Grimes%20Nursing%20Scholarship

Mentoring: The Heart of ANC Officer Development by MAJ Trego, University of Washington

The qualities of a good mentor promote both professional and personal growth. Therefore, when seeking a mentor, consider matters of the heart as well as the mind to find that harmonious fit. I have a mentor who, by a unique set of circumstances, adopted me, rather than me finding her. My mentor is a an Army Nurse Corps officer who shares my specialty and, being senior in rank to me, holds positions that are always several steps ahead of me. Although we met briefly at a conference early in my career, I barely remembered her. However, she heard through fellow senior officers that I was interested in becoming a nurse-midwife as well as a nurse researcher. She apparently gave much thought to my desires to join the ranks of the Army nurse-midwives and developed a career plan for me that would assure an efficient route to LTHET. She proceeded to guide my moves in that direction through timely career advice. I would have thought nothing more of her except that two duty stations and five years later, upon completing midwifery school, I got a call from my current career manager who said, "I have a position for you and someone is requesting you there." As it turns out, it was my unbeknownst mentor requesting me.

Thus began our mutual participation in a mentorship. We became close at that duty station; I came to know that she did every thing with a purpose in mind. I have to believe therefore, that at some point when our paths had previously crossed, she intuited that I would be a valuable addition to the nurse-midwife family of the Army Nurse Corps and thus guided me down that path. At this assignment, she continued to lead my career in the right direction as a nurse-midwife and as an officer. She provided me with opportunities to excel, yet always asked me, "Is this what you really want to do?" Given all of this attention, I admire her because I know, in retrospect, that not only was she doing what was good for me, but what was good for the institution and our patients.

My mentor watched me blossom as a graduate midwife, encouraging me to explore my own special interests in practice. Without being overbearing, she knew how much freedom I needed and kept a respectful distance, yet when the going got rough, she was there for me. I had this underlying sense of security with her, a quiet hum in the back of my mind that whatever actions I took, she would be there backing me up, even if that meant getting me to see errors in my reasoning and taking corrective action. Both before and after my promotion to Major, she fostered my transition from junior officer to field grade

officer. She introduced me to numerous officers in the Army medical system and thus provided a valuable network of contacts. My mentor gave me a sense of belonging. She fostered the idea that I was an important member of the team at our hospital and in a larger way, the Army Nurse Corps team. This idea that I was important in the larger scheme of things allowed me to think on a broader scale, to take the risks associated with being a good leader.

My mentor also provided personal guidance at the crucial interface of family and career. She was there for me at a critical time in my life, when my mother was diagnosed with leukemia. She was the voice of reason, of balance between life, family and work. In future personal planning, we discussed what was "right" for me and my family, considering different roads, such as a faculty, staff, chief or clinical position in the Army versus pursuing a PhD in Nursing Research. I believe she gave careful consideration to my questions and concerns and always guided me in her best conscience. When she left for her next duty position, I missed her daily presence. Two years later and totally content with my career direction, I still hear that quiet hum in the back of my mind and know she will always be there for me in my mind, as well as in my heart.

Exercise Edelweiss, by CPT John Keener, AN, 212 MASH, Germany

As the OIC of both the 212th Mobile Army Surgical Hospital's (MASH) NBC Section and NBC Response Team, I am responsible for all unit-level NBC training constituting 150 soldiers. The NBC Response Team consists of 17 personnel specialized in decontamination of NBC casualties. This team must be prepared to rapidly deploy and be prepared to accept contaminated casualties in 60 minutes or less. In addition, I have oversight of \$1.1 million in equipment and supplies.

Recently I realized over one years worth of coordinating, planning, and dedication. On March 20-25, 2005; eleven members of the 212th MASH's NBC Response Team and representatives of the Austrian Army's NBC Defense Corps conducted an interoperability and exchange of ideas called Exercise Edelweiss.

The force package for Exercise Edelweiss consisted of approximately 100 personnel: 11 Soldiers from the 212th MASH's NBC Response Team and approximately 90 personnel from the host nation. Exercise Edelweiss was a three phase exercise: Phase I consisted of briefings and discussions designed to introduce each nation to NBC casualty decontamination methods and theories, as well as familiarization with protective equipment and detection devices; Phase II involved integrated triage and emergency medical treatment in an NBC contaminated environment; Phase III culminated with a MASCAL exercising both NBC decontamination teams.

The 212th MASH NBC Response Team convoyed some 800 kilometers from Miesau, Germany to Korneuburg, Austria. Korneuburg is approximately 20 minutes northwest of Vienna. Once there we established billeting at the Austrian NBC Defense Academy. The first two days consisted of briefings on decontamination theories and techniques mixed with hands-on experiences with NBC protective and detection equipment. Day Three applied all previous experiences into an integrated exercise for familiarization with host nation methods of emergency response techniques. Day Four was an aggressive MASCAL exercise. The Austrians tested their NBC decontamination and NBC casualty decontamination units in coordination with the 212th MASH NBC Response Team. This day's training began in the morning and continued into the hours of darkness in order to test logistics, human endurance, and team cohesion in sustained operations. Day Five concluded the exercise with an After Action Report and city tour of Vienna.

Through an exchange of ideas and joint training, many areas of improvement and resource sparing techniques were identified. These identified areas of improvement include analgesia of contaminated trauma casualties, preventing hypothermia, functionally packaging medical supplies, and more efficient methods of chemical decontamination. This type of exercise serves to establish international relations and is a productive method for improvement of NBC response and decontamination techniques.

Overall this exercise was a tremendous success. Already the 212th MASH is making arrangements to host an Austrian force next year. I am proud of the accomplishments of this team and our ability to represent the U.S. Army. Special thanks for all the support to the 30th Medical Brigade commander, COL Rubenstein, and staff; 212th Mobile Army Surgical Hospital's Battalion commander, LTC Bitterman, and staff; Defense Attaché Office in Vienna; and Austria's Ministry of Defense and NBC Defense Academy.



First row from L to R: Third from the end SPC Young, PV2 Browning, CPT Keener, SPC Brothers, SGT Lawrence, SPC McKenny, SPC Saldana Second row: Fourth from end SPC Guggisburg, SPC Martinez, and (behind SPC Guggisburg) SPC Williams.



SPC Katie Brothers provides care to simulated trauma casualty.



Austrian Soldiers prepare to enter the Hot Zone

Finding a place in the sky by CPT(P) Richard Morton, 772 MED DET (FWD SURGICAL)

In the civilian community, registered nurses join with paramedics to make flight teams for critical care aeromedical transport. I was privileged to recently be a part of the pilot course offering of the Joint Medical Enroute Care Course, the first DoD Joint venture to prepare Army, Navy, and Air Force Nurses for a role identified in lessons learned from OEF and OIF. This course provided me with a first-hand look at specific implications of delivering critical care nursing management while in flight on rotor wing platforms. Training included: didactic course material developed by one of the leading flight medicine sites in the country (Cleveland Clinic), altitude chamber training at 25000 ft, water survival, extended flight time in CH-47 and UH-60 platforms, realistic simulated critical transport scenarios in UH-60A and L simulator platforms, and exposure and hands-on experiences with specific aviation approved equipment for critical care transport. Another significant benefit to the training was the opportunity to work hand-in-hand with fellow nurses in the Navy and Air Force. This joint approach provided an excellent forum to discuss service specific issues and find commonalities.

Clearly, 91W flight medics are exceptionally skilled, high caliber clinicians, but when the complexities of multiple system organ failure and significant trauma, post-operative management, and advanced clinical interventions, the 91W flight medics in attendance all unanimously concurred that having a nurse-medic team not only made sense but was a preferred and appropriate best clinical practice approach.

The future looks even brighter for future attendees of this outstanding program as feedback from pilot participants from all services is utilized to continue to optimally enhance and tactically focus the Program of Instruction.

Finding Your Purpose by MAJ Lisa Snyder & MAJ Cathy Walter, WBAMC

Many of us work in the medical field because we find fulfillment and in caring for people. We enjoy the challenge of the art and science of the human possess a level of compassion needed to help others in crisis. Ill and/or injured seek medical and nursing care not only for their physical needs, but also for the and spiritual needs that frequently accompany their illness. CPT Walker had pinnacle of her nursing career when she realized that her calling was to go than meeting the physical needs of people, it was to meet their spiritual needs



CPT Marveta M. Walker was born the of fifteen children in Chicago, Illinois. In March completing three semesters at Alcorn State University, she enlisted into the U.S. Army as a Private First Class. CPT Walker completed Basic Training at Fort Jackson, S.C., and Advanced Individual Training as a Combat Medical Specialist at Fort Sam Houston, Texas. In July 1984, she was assigned to the Critical Care Unit at William Beaumont Army Medical Center (WBAMC) where she served as a Nursing Assistant.



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In July 1985, CPT Walker was assigned to the 45th Medical Battalion, 3rd Armored Division in Hanau, Germany where she served as a Combat Medical Specialist. Then in February 1987, after being selected through a competitive audition, CPT Walker was placed on special assignment as a Vocalist for the United States Army Europe Band and Chorus located in Schwetzingen, Germany. During this assignment she traveled to various European countries enhancing troop morale and advancing relations between the American community in Europe and its host nations.

In October 1988, CPT Walker completed Phase I of the Licensed Practical Nurse Course at FSH, and Phase II at William Beaumont Army Medical Center. In January 1990, CPT Walker was assigned to the Surgical Intensive Care Unit at Walter Reed Army Medical Center (WRAMC) as a Licensed Practical Nurse. Then in 1993, CPT Walker was selected for attendance to Howard University to complete her Bachelor's of Science in Nursing Degree.

In 1997, CPT Walker returned to WRAMC as an Army Nurse Corps officer, where she attended the Intensive Care Nursing Course. It was during this time that she began having dreams relative to her calling.

In 2003, CPT Walker graduated from the U.S. Army -Baylor University Program in Healthcare Administration. She completed her Baylor residency at WBAMC and was assigned to the organization as a Nurse Methods Analyst. It was following graduation that she accepted her call to Ministry in August 2003 and following ministerial training under the leadership of her local Pastor, Earl B. Payton, she was licensed on 4 January 2004.

CPT Walker then deployed to Baghdad, Iraq on 7 January 2004, in support of Operation Iraqi Freedom II with the 31st Combat Support Hospital. She arrived in Baghdad on 17 January 2005, and was offered the Gospel Worship Service on 18 January 2004 at breakfast. She was to check out the service that day but didn't make it to church because a car bomb went off at Assassin's Gate with several casualties. CPT Walker preached her first sermon on 8 February 2005.

During this deployment she served as an ICU Nurse, while spending her off-duty hours meeting the spiritual needs of



soldiers and civilians (American and Iraqi) throughout the "International Zone." She served as the lay Pastor for the 44th Medical Brigade's Gospel Worship Service, preparing and preaching sermons on a bi-monthly basis and leading the choir weekly. She also led a bi-weekly Bible Study, which included an extensive study of the Books of Genesis and Revelation, as well as a separate study of the "Purpose Driven Life" by Rick Warren. Under Minister Walker's leadership, the congregation size for the Gospel Service exceeded 44th Medical BDE capacity. The service moved to a Queen Ballroom located in a beautiful haven next to the Tigris River. The congregation size on numerous occasions exceeded more than 100 members on a given Sunday. CPT



Walker and Chaplain George Rogers baptized a total of 7 Americans and 1 Iraqi in a pool near the Tigris River.

On April 8, 2005, CPT Walker was ordained as a minister at the Sun City Christian Fellowship Baptist Paso, TX, by Pastor Charles Jenkins of the Fellowship Baptist Church in Chicago, Illinois. CPT Walker grew leadership and tutelage of the renowned Reverend Clay founded Fellowship Missionary Baptist. It was a led by Sun City's Pastor, Earl Payton (LTC, Retired Chaplain) and the talents of the choir. Many of CPT friends and relatives attended the special ceremony, 83-year old mother from Chicago and her childhood school teacher, Lois McKee.



Baptist Church in El Missionary up under the Evans, who celebration Army Walker's including her Sunday



Congratulations to CPT(P) (Reverend) Marvetta M. Walker, for her exceptional service to her country through her ministry of nursing, and now through her spiritual ministry as well. Through your example of perseverance and dedication to duty, you are an inspiration to us all.

Research Spotlight

LTHET-This Just In

Interested in a PhD from Duke University? It is a full time program, no part time option. They will only be admitting 5 - 6 students every year. Applications may be accepted this summer, with the plan to begin courses in Fall 2006. The person who answers all those questions is Marti Doyle at doyle002@mc.duke.edu. For more information please go to the website at: http://www.nursing.duke.edu/page/phd_main?SON=ae00281222f0588711b9edb538b83646

“Evaluation of Staff’s Retention of ACLS & BCLS Skills” by LTC Kimberly Smith and Ms. Karen Pierce, BAMC

A TriService Nursing Research Program (TSNRP) Project* conducted at Brooke Army Medical Center from 1 September 1999 to 28 Feb 2004 LTC Kimberly K. Smith, Principal Investigator and Ms. Karen Pierce, RN, MSN, Project Director

“ANNIE, ANNIE, are you OKAY?” This phrase has become quite familiar to us all over the years as we have practiced and certified in Basic and Advanced Cardiac Life Support. That statement seems to be the easiest part to remember! What then? Is it 2 breaths and 15 compressions now or is it 1 breath to 5 compressions? Is Lidocaine or Amiodorane first? What was that dose?

In today's fast-paced health care system, nurses are required to remain current with increasing volumes of information in highly specialized fields. The American Heart Association and the Military Training Network require that BCLS certification be conducted every two years. The Advanced Cardiac Life Support courses must also be repeated at two year intervals. The ACLS course is not mandatory for all healthcare personnel. Is this training and interval of training adequate to provide nursing personnel with the basic resuscitative skills to sustain the life of individuals subjected to cardiopulmonary emergencies? This research project, described below, was conducted to answer that question.



Purpose: The purpose of this research project was: (1) to evaluate the ability of nursing staff to perform Basic and Advanced Cardiac Life Support resuscitation for the management of cardiopulmonary arrest or cardiac/respiratory emergencies; and (2) to determine the length of time these participants retain the ability to perform the required skills to standard.

Design: A prospective, randomized, longitudinal, repeated measures, quasi-experimental design was employed. All participants were tested three times (initial, post-training test, and final test). Participants were randomized into four groups defined by the period of time that elapsed between the post training test and final test (3-, 6-, 9-, or 12-months).

Sample: The sample for this study was a convenience sample drawn from active duty, civil service, and reserve registered nurses working at Brooke Army Medical Center. There were a total of 133 participants enrolled, and 51 ACLS participants and 52 BCLS participants completed the testing.

Instrumentation: The American Heart Association (AHA)-BCLS and (AHA)-ACLS skills check lists were employed for all written and performance testing.

Methods: Simulated emergency resuscitation scenarios were presented to registered nurses who had completed ACLS and/or BCLS courses in the past 10 ½ months. Each participant completed a written test and a performance test at three intervals to include initial testing, post training testing and final testing (3-, 6-, 9-, and 12-months).



Analysis: The following statistics were used to answer the research questions: frequencies, measures of central tendency, measures of dispersion, chi square statistics, Pearson's correlation, ANOVA, and logistic regression.

Findings: The findings in this study indicate a short time period for retention of resuscitative performance skills. The majority (71%) of subjects could not successfully complete BCLS on the initial test. Skill retention started to deteriorate at 3 months (63% pass) and progressively worsened to a maximum of 58% passing at 12 months. Skill retention for ACLS was alarming with only a 30% passing rate at 3 months and progressing to a mere 14.3% passing rate at 12 months. These findings are similar to findings among other research studies investigating skill retention.

Nursing Implications: Registered Nurses in this study are not retaining BCLS or ACLS skills for the entire length of time between training courses. Skill degradation is occurring as early as three months post resuscitation training. This research has significance to nursing because the topic addresses survival of patients and basic nursing interventions that impact upon the quality of patient outcome in life threatening situations.

A follow on research study is currently being conducted to investigate the effect of an in-hospital course on BLS skills retention. This course was designed to maximize retention of BLS skills, increase provider confidence, and decrease anxiety

related to skill performance. The design of this course is based on simplicity, focused on core elements of the in-hospital chain of survival, and limited in time to two hours. This second TSNRP funded research project is titled “The Effect of Resuscitation Training on BLS Skills”.

I would like to personally thank all of the nurses who have supported and participated in this exciting arena of nursing research. A special thank you to the following individuals who have made this research project a huge success!

COL Gerta Howell
LTC(R) Darlene Gilcreast
LTC Debra Mark
MAJ Louis Stout
Ms. Karen Pierce
Ms. Tiffany Streett
COL Cynthia Abbott
COL Kathleen Dunemn
COL Juanita Winfree

LTC Della Stewart
LTC Dennis Driscoll
LTC Laura Rogers
MAJ Cathy Martin
MAJ Cathy Shutak
MAJ Joecelyn Crittenden
CPT Irma Hartman
CPT Angela Simmons

*Acknowledgement/Disclaimer: This project was funded by the TriService Nursing Research Program (N99-P05), in sponsorship with the Uniformed Services University of the Health Sciences (USUHS); however, the information or content does not necessarily represent the official position or policy of, nor should any official endorsement be interred by, the USUHS, Department of Defense, or the US Government.

18th Annual Pacific Nursing Research Conference by LTC Mary Hardy, Tripler AMC

Aloha from Paradise! The planning committee for the 18th Annual Pacific Nursing Research Conference is pleased to announce a successful conference! The depth and breadth of research studies presented was positively received by the 92 local and mainland participants. Additionally, we had many positive comments on the organization, timeliness of the proceedings, and great value relative to the cost of the conference.

We had two inspiring keynote speakers. Major General Pollock, Chief, Army Nurse Corps and Commander, Pacific Regional Medical Command and Tripler Army Medical Center, spoke about her “*Vision for Nursing Research*”. She expressed interest in studies about caring for our injured soldiers and caring for the caregivers. Dr. Ginnette Pepper, Endowed Chair, University of Utah College of Nursing, delivered a keynote entitled “*Improving Patient Safety Through Nursing Research*,” generating many thoughtful discussions.

We were fortunate to have 25 podium presentations on a variety of topics in eight different sessions. A majority of the presenters were civilian (n=15), including 2 representing DoD. The 10 military presenters represented Army, Navy, and Air Force, some of them presenting multiple times. Over the three-day conference, sessions included a workshop on evidence-based practice and research presentations about community health nursing, deployment, nursing interventions, women’s health, and workforce issues. In addition, we had 16 poster presentations with topics ranging from administration, clinical, education, and deployment studies to projects. Civilians and military were equally represented at the poster session, with 8 in each group. The poster award was presented to Karen Wainwright RN, MPH, CCRP, CMC, Julie McNulty, RN, MSN, Casie Williams, Med, RN, BC, and Lorraine Jewett, RN, MSN from the Alaska Native Medical Center, Anchorage, Alaska for their poster entitled, “*Magnet Nursing Excellence through Quality Improvement, Evidence-Based Practice, and Nursing Research*”. Congratulations to all of our esteemed presenters!

We’re already planning for the 19th Annual Pacific Nursing Research Conference so please look for the call for abstracts sometime this fall. Did I forget we also had great feedback on the weather? It would be great if you could join us in Hawaii!

Mahalo!

The Treatment of PTSD: A Student’s Perspective by CPT Laura Hudson, MSN AN, Medical University South Carolina

Post Traumatic Stress Disorder (PTSD) is a syndrome that includes several psychiatric and medical comorbidities with patients endorsing several somatic complaints. Effective treatment of psychiatric disorders in primary care has been lacking in regards to the under diagnosis and under treatment of mental and substance abuse related disorders (Magruder, Frueh et. al., 2000).

Clinical studies revealed the successful use of nurses, particularly Psychiatric Mental Health–Nurse Practitioners (PMH-NPs), in treating PTSD in the primary care setting. Based on my clinical experience as a PMH-NP student, clients with PTSD or other psychiatric disorders more readily accept interventions provided by PMH-NP's in a non-psychiatric setting. This could be due in part to fewer stigmas associated with being referred to a nurse practitioner versus a psychiatrist and being treated in a medical setting. Given the War on Terror, the problem that exists in the under-treatment of PTSD patients is significant to military nursing practice. The successes observed in the clinical setting and evidence found in the current literature can be applied to military PMH-NP practices as an efficacious approach to treating PTSD in veterans of the War on Terror.

My study to become a PMH-NP at the Medical University of South Carolina exposed me to three different areas involving the treatment of PTSD in primary care: an integrated literature review completed in a nursing research class (Hulsey, 2004), a clinical practicum with PMH-NP's at a Veteran's hospital on a pilot study for the treatment of PTSD in primary care, and the delivery of a psychoeducation session on PTSD to the spouses of officers assigned to Fort Campbell, Kentucky. All of these experiences contributed both to my belief that the treatment of PTSD in primary care is more effective than its treatment in the psychiatric setting and to my skill in evidence based intervention in PTSD.

The integrated literature review examined studies of assessment/diagnosis and treatment of PTSD including four studies in primary care settings. The studies targeted women victims of both sexual and physical trauma (Silva et al., Dickinson et al., 1998; Brady, 1997; Griffen et al, 1998) and combat veterans (Magruder, Frueh et al., 2000; Magruder, Albanese et al., 2003; Beckham et. al., 1998). Sample sizes in the studies ranged from 2 to 6000, and a variety of instruments were used to measure outcomes. The most commonly cited instrument was the Clinician Administered PTSD Scale (CAPS), considered the gold standard for PTSD diagnosis. The findings included the following: PTSD was prevalent and was highly comorbid with depression, anxiety, substance abuse, and medical problems and Selective Serotonin Reuptake Inhibitors (SSRI's) and Cognitive Behavioral Therapy (CBT) were effective treatments. The conclusions underscore that clinicians need to conduct screening and evidenced based treatment of PTSD.

During my clinical practicum, I was able to participate in a study working in Treatment of PTSD in Primary Care by Psychiatric Advanced Practice Nurses (K. Magruder, Principle Investigator). The goals of their study were to reduce stigma of mental illness by offering treatment in a familiar environment, engage patients early, and demonstrate the effectiveness of PMH-NP intervention. The PMH-NP's administered screening and assessment tools and delivered three intervention components: psychoeducation on anxiety, anger management and social skills; cognitive/behavioral interventions; and psychopharmacology. Preliminary data has revealed a high rate of consent and treatment adherence, improved psychiatric and medical outcomes, and increased rapport with the clients when compared to traditional psychiatric treatment (Oglesby, B., et al. 2004, October). Contact with the study PMH-NP's was, for many of the patients, the first time they had spoken with anyone about their trauma. This experience emphasized the veterans' failure to seek care despite their suffering since the Vietnam War. I also attended weekly meetings of the research team, which educated me about the clinical research process and study impact. The opportunity to observe both action research and improved client outcomes was invaluable. I gained appreciation for the importance of early intervention; perhaps the very long and needless suffering that Vietnam Veterans have experienced can be prevented in our current veterans of the War on Terror. Treatment of these veterans in a less stigmatized primary care setting may address this need.

One of the requirements in completing my PMH-NP program was to complete an evidence based family intervention. I recognized the need for PTSD psychoeducation for military wives so I presented an educational briefing to increase the wives' awareness of their husbands' potential for developing PTSD symptoms upon redeployment. If successful, the wives could be instrumental in promoting early medical and psychiatric interventions for their husbands, thereby decreasing the risk of long-term comorbidities. The psychoeducation of the wives provided general information on PTSD, common symptoms and recommendations for where to obtain treatment, and a synopsis of a presentation by Dr. Dave Grossman, PhD, on mental combat readiness and PTSD prevention.

Fortunately there are programs in place, such as briefings in the military, to identify PTSD early so as to prevent comorbidities. (For example, I was able to attend one such briefing by Dr. Grossman, a retired Lieutenant Colonel from the Army. Dr. Grossman is an internationally recognized author and speaker whose expertise is educating and training Soldiers, police officers, medical personnel, and federal agents in order to prevent PTSD by mentally preparing them for combat.) Hopefully, this current generation of soldiers will benefit from the lesson learned in the past: that prevention and early intervention are the keys to treating PTSD successfully. Given research evidence that has demonstrated that those with PTSD are reluctant to seek psychiatric help, it is imperative that primary care clinicians screen veterans and educate families on the signs and symptoms of PTSD. These three experiences have contributed to my increased knowledge and skills related to PTSD as well as a commitment to promote early screening and intervention in military primary care clinics. My preparation in cognitive

behavioral therapy (Stuart, 2004), psychoeducation, and psychopharmacological intervention will also enhance my practice with soldiers and their families.

This article was written in collaboration with Janet Grossman, DNSc, CS, FAAN, Associate Professor, MUSC College of Nursing and Brooks Oglesby, MSN, APRN BC and Reetta Marciano, MSN, APRN BC served as clinical preceptors at the Ralph H. Johnson VA Medical Center.

Call for Posters

FEDERAL NURSING POSTER SESSION



Call for Posters

“AMSUS 2005: Joint Interoperability”

The Federal Nursing Section Poster Session is sponsored by the Federal Nursing Service Chiefs and is dedicated to sharing professional nursing knowledge and improving the delivery of health care services. Registered nurses in the federal services and the American Red Cross are invited to submit a poster abstract for the Federal Nursing Section Poster Session to be held during the 111th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Nashville, Tennessee, October 30 through November 3. The poster session will be held Monday evening, 31 October 2005. The theme of the meeting is “AMSUS: Joint Interoperability”.

ABSTRACT SUBMISSION DEADLINE: 1 July 2005

This program runs concurrently with the Karen Rieder Nursing Research Poster Session. Research is not required.

Below are some examples of topics which relate to the theme of the 2005 conference.

Joint Medical Training
Innovative Clinical Practice Issues
Joint Operational Exercises
Joint Service Initiatives

Health Promotion
Medical Readiness
Pre-Deployment Issues
Post Deployment Issues

Rehabilitation/Combat Casualties
Treatment of PTSD
Family/Community Re-Integration
Multidisciplinary Approach to Care

Requirements

*The principal poster presenter must be a registered nurse in the federal service **or** the American Red Cross.

* Posters must fit on a three by six feet bulletin board. Tables will not be provided.

* Abstracts must be limited to two typed (12 font) pages. Abstracts longer than two pages will not be considered.

* Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors.

* Submit an original abstract in hard copy (NOT FAXED) or as an e-mail attachment in MS Word.

* Abstracts (hard copy or e-mail) must be received by **1 July 2005**.

* Abstracts must address the following: (1) The aims and objectives of the poster (2) the findings and/or implications for nursing.

Selection of Abstracts for Presentation

* Abstracts will be reviewed and selected by Federal Nursing Section representatives from each service.

* The selection committee will consider diversity of topics and exhibition space in making selections.

* Unless otherwise specified, the principal presenter on the abstract will be expected to present at the session.

****IF SELECTED, PRESENTERS MUST MAKE THEIR OWN FUNDING ARRANGEMENTS****

Please submit an original abstract in hard copy or as e-mail attachment in MS Word to: CAPT Tina Joy, at CJoy@us.med.navy.mil, 202-762-3042, Office of the Director, Navy Nurse Corps, Bureau of Medicine and Surgery, 23 E. Street NW, Washington DC, 20372-5300.

Notification of acceptance and further instructions will be sent no later than 29 July 2005.

**Association of Military Surgeons of the United States (AMSUS)
2005 Annual Awards Program - Two Nursing Awards**

So many individuals do outstanding work in their fields, yet are never recognized publicly for that work. This is your opportunity to see that recognition is given. **The Clinical Nursing Excellence Award** was established in 1989, to recognize and honor accomplishments and work performance in clinical nursing. Any professional nurse whose current active duty assignment is in clinical practice in the Federal Nursing Services is eligible to compete. (No person is eligible for a second award.) All nominees must be AMSUS members or eligible for membership. A plaque and monetary award are presented.

Required information:

1. Cover letter explaining why you feel the individual deserves the award.
2. A curriculum vitae for the individual nominated.
3. A listing of the individual's publications, awards, honors, and other professional accomplishments.
4. A short, one-line citation suitable for use on a plaque or scroll.
5. Any supporting letters from other individuals.

The recipient should be one who:

1. Evidences resourcefulness and dedication in helping to accomplish the mission of the Federal Health Agency;
2. Demonstrates professional and technical skills and competence raising the quality of nursing;
3. Shows evidence of exceptional ability to apply nursing standards of practice;
4. Remains involved in continuing education as a participant, organizer or sponsor;
5. Is of such excellence as to merit AMSUS recognition.

Remember, individuals on the award committee probably do not know anything about the person being nominated. The only way they can make a decision is by reading the material you send.

Send one original and six copies of the entire nomination package. The packet must include the full name and address of the nominated individual and the individual nominating. No facsimile submissions will be reviewed.

The Federal Nursing Services Essay Award is an essay award submission sent directly by the author. This award is presented to a professional nurse from the Federal Nursing Services who has submitted an essay on the results of a study or a scholarly paper that would have an impact on nursing.

Subject material may pertain to:

1. A report of a collaborative study;
2. Testing models;
3. Changing or improvements of nursing standards;
4. Implementation and evaluation of quality assurance programs; replicating studies;
5. Client and staff education and/or evaluation of continuing education.

The essay must be an original work, have not been published previously, and not be in the process of being considered for publication elsewhere. If it is a research study, the work must have been undertaken within the past five (5) years. All nominees must be AMSUS members or eligible for membership. A plaque and monetary award will be presented. The original manuscript and ten (10) copies are requested for review. Nominees will be required to submit materials for continuing

education credit, including behavioral objectives suitable for presentation and curriculum vitae. Upon receipt of the essay submission, AMSUS will forward the appropriate material.

Deadline for both awards: 30 June 2005 (postmarked)

Deliver to: AMSUS Awards, 9320 Old Georgetown Road, Bethesda, MD 20814

Award winners will be notified by mid-August and invited to attend the Association's Annual Dinner on 3 November 2005 in Nashville, TN.

**SEVENTEENTH ANNUAL
KAREN A. RIEDER NURSING RESEARCH POSTER SESSION
CALL FOR ABSTRACTS**

The Karen A. Rieder Nursing Research Poster Session is sponsored by the Navy Nurse Corps and is dedicated to sharing professional nursing research findings. Registered nurses in the federal services and the American Red Cross are invited to submit abstracts for the Sixteenth Annual Karen A. Rieder Nursing Research Poster Session to be held during the 111th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Nashville, Tennessee, 30 October - 03 November 2005. The poster session will be held Monday evening, 31 October 2005. The overall theme for this year's AMSUS meeting is "Joint Interoperability".

Requirements

- * The principal investigator must be a registered nurse in the federal service or the American Red Cross.
- * The research must have been initiated and/or completed within the past five years.
- * Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- * Studies involving human subjects or animals may be required to have an Institutional Review Board (IRB) Approval number. Funding sources should be noted on the abstract and poster (i.e. TSNRP, ANF, SST).
- * Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- * Posters must fit on a bulletin board, approximately three feet by six feet (which will be provided for your use).
- * Tables will not be provided.
- * **Submit an original abstract as an E-mail attachment in MS Word.** (Faxed abstracts will not be accepted.)
- * Abstracts must be received by the deadline: **01 July 2005.**
- * Abstracts must address the following:
 - Aims/objectives of the study, including hypotheses or research questions
 - Theoretical framework (if applicable)
 - Research design, methods, and statistical analysis
 - Study findings and implications for nursing

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by a committee of Nurse Researchers.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- * All accepted abstracts will be reproduced in a "book of abstracts".
- * At least one of the study authors must be present at the session, Monday, 31 October 2005.

ABSTRACT SUBMISSION DEADLINE: 01 July 2005

Please submit an original abstract as an E-mail attachment (MS Word) to:

Patricia Kelley, DNSc.
 CDR, NC, USN
 Executive Director, TSNRP
 4301 Jones Bridge Road
 Bethesda, Maryland. 20814
 Email: pakelley@usuhs.mil

For further information please contact:

CDR Patricia Kelley NC, USN
 Phone: 301-295-7077
 Email: pakelley@usuhs.mil

CAPT Civita Allard NC, USNR
 Phone: 315-792-5529
 Email: callard98@hotmail.com

Notification of acceptance and further instructions will be sent no later than 29 July 2005

****IF SELECTED, PRESENTERS MUST MAKE THEIR OWN FUNDING ARRANGEMENTS****

News from Human Resource Command

From the Desk of the ANC Branch Chief
--

Spring gives way to summer as we transition from warp speed of final assignments and RFOs to a bit of a breather as we enter into the summer rotation cycle. Amazingly, the optempo is as such that we are still working some assignments for the S06 rotation but they are the exception. Concurrently, we know there are multiple deployment requirements that compete for resources. We recently concluded a very busy Spring of MTF visits that culminated in back to back visits to William Beaumont Army Medical Center and Madigan Army Medical Center. We found these visits to be most beneficial for our Branch officers and we deeply appreciate everyone's support and hospitality as we came into your organizations and met Nurse Corps officers in their stations of duty. We learn so much from these visits. We will not see as much transition at AN Branch this summer as we did last year when we rotated five PMOs in. This summer we will witness the departure of LTC Vinette Gordon who leaves us to enter a Health & Human Services Fellowship (MEL 1, AWC) in July. LTC Gordon has done an outstanding job for you and your officers as she tackled one of our most challenging desks. We welcome MAJ Pame la Godinez to LTC Gordon's desk in July. She joins us from the deployed theater and WRAMC. As summer progresses, we will be validating the Station Count so that we can lay the groundwork for preparation of the Officer Distribution Plan that will take place in late summer and the fall. As we are in the midst of National Nurses Week, we wish all of you a great Nurse's Week and thank you for your tireless service and commitment to the AMEDD and our ANC. We here at Branch strive to model this year's ANA theme of "Nurses Touching Lives, One Person at a Time!" as we coordinate assignments and manage our officers military and nursing professional careers. Thanks to each and every one of you as you care for patients and each other each and every day.

Roy A. Harris
 COL, AN
 C, ANC Branch

Ask Branch

How often do I need to update my security clearance?

Secret security clearances are required for all active duty Army officers and need to be renewed every ten years. To update your security clearance, your first stop should be your security office at your local facility. They will assist you in completing and submitting the Electronic Personnel Security Questionnaire (EPSQ).

How do I know when my 10 years are up?

You can track the latest date for your security clearance on your Officer Record Brief (ORB) in Section II-Security Data. The block marked DTSCG is the date your security clearance was granted. The process for updating your clearance can be time consuming so you need to plan ahead and start the process of renewing your clearance at least one year before it expires.

How do I get my updated clearance annotated on my ORB?

Army Nurse Corps Branch (and Human Resources Command) is unable to make any changes to Section II – Security Data on your ORB. In order to have your officer record brief updated, contact your local security office and ask them to fax a DA Form 5247-R, a copy of your ORB and a memorandum requesting an ORB update to the Central Clearance Facility at 301-677-2706.

Do you have a question for AN Branch? Send your questions and comments to Mrs. Vivian Bolton at vivian.bolton@hoffman.army.mil.

News from the Consultants

Perioperative Update by COL Keith Essen, WRAMC

The recent Perioperative Tri-Service Symposium held 2 April 2005 in New Orleans was a stunning success. Kudos to LTC Karen Morris, LTC Hortense Britt, and MAJ Greg Scholes who helped coordinate this event. Major Pat Fortner gave a superb presentation on “Mission Training for Medics” and brought forth lessons learned from her experience in Iraq. Also one of our USUHS Perioperative graduates students, Major Michael Gladu in conjunction with one of his colleagues, Navy Lt BradLee Goeckner, gave a very informative and thought provoking presentation on “Medication Errors Across the Perioperative Continuum. Next year the Army Perioperative Community will be hosting the Tri-Service Symposium in Washington D.C.

Exciting news! We are now piloting a Registered Nurse First Assistant initiative. Our first candidate, CPT John Ament, will begin the curriculum this April. We have several sites that are willing to participate on this pilot. We are looking for candidates

who are interested in participating. I would like to acknowledge 1LT Carolyn Watson and MAJ Rebecca Lisi for their efforts to bring this new opportunity to the forefront. Interested candidates please contact myself 1LT Carolyn Watson CRNFA. We are both accessible on Outlook Global.

The Perioperative Nursing Course at Walter Reed will be discontinued; however, the sites at Madigan, William Beaumont, and Brooke Army Medical Centers will continue full force.

APPD: Charting Personnel Structure for the AMEDD by LTC Angela Ross, AC Rep and LTC Ann Bauer, RC Rep
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Q. What does APPD stand for?

R. AMEDD Personnel Proponency Directorate

Q. Where is APPD located?

R. Fort Sam Houston, Texas.

Q. What does APPD do?

R. The mission of APPD is to serve as the Surgeon General’s analytical activity in personnel matters. Its recommendations have the potential to affect all officers within the Army Medical Department. All AMEDD corps have representation at APPD to include the Army Nurse Corps (AN).

Q. Can you be more specific in its functions?

R. APPD recommends appropriate force structure, personnel inventory, and life-cycle management policy to satisfy *future* AMEDD personnel requirements. Data analysis is the hallmark of APPD. Utilizing charts and numbers, it analyzes the AMEDD “empty spaces,” or gaps where manpower shortages are appearing. It then looks at future corps requirements and makes recommendations to key leaders farther up the AMEDD structure to best guide them in their decisions. APPD’s primary objective is to provide skilled officers, in sufficient numbers and in appropriate grades, to meet the needs of the Army. This objective is accomplished utilizing the Objective Force Model.

Q. What is the Objective Force Model?

R. The Objective Force Model (OFM) is a tool designed to support a proactive personnel system. OFM identifies the number by grade to meet the mission of each AOC. It is used to determine accessions, promotion guidance, training inputs, etc. to build each AOC to provide the correct numbers of personnel to do the mission. It allows for career progression and training opportunities for our soldiers.

These models are not stringent and do allow decision makers a starting point to make informed personnel decisions. This system has been used extensively for the Active Duty Component of AMEDD since the early 1990s. The Reserve Component only began using this model since about 2001. Now that both Active and Reserve Components are utilizing the same model, they can analyze spaces together and compare “apples to apples” in terms of shortages and strengths in given officer slots.

Q. So the OFM does affect officer promotions?

R. Yes. The OFM is designed to chart a viable, promotion-feasible force over a typical 30-year career time line. The OFM can also be utilized to highlight other issues, such as insufficient numbers of personnel in certain grades by PYG (Promotion Year Group). That information can be used as a resource to develop different incentive packages, for example, retention programs, or recommend “fully qualified” promotion boards. Moreover, OFM data drives the recommendation for the appropriate numbers of officers for promotion, an essential element toward maintaining a viable force structure. The goal is to assure that each officer has the potential to be promoted at the designated gates in a career, given the appropriate military and civilian education and experience. The promotion windows are designated by PYG, so it is critical that all AN officers be knowledgeable of their own PYG.

Q. Can you give me an example of what the OFM chart can show?

R. Whereas the actual number of personnel in the Army Nurse Corps might indicate full strength, there may be too many majors and too few lieutenants and captains. APPD analyzes the “spaces” and makes recommendations to the appropriate agencies for specific action. Using the OFM chart can guide accessions so that nurses entering the force are in the appropriate year group to maximize promotion potential.

Q. What else does APPD get involved in?

R. APPD also concerns itself with requesting future school seats for various AMEDD courses and a review of the Memorandum of Instruction (MOI) to various AMEDD promotion boards. Briefings to key AMEDD leaders on status of the corps are conducted frequently. Special projects related to the ANC also become a major part of the focus at APPD. One of the current issues relates to ASI currency verification with the initial work being done on the 8A (Critical Care ASI for 66H) and M5 (Emergency Room ASI for 66H). APPD has also taken the lead for an “ADN/BSN Workgroup.” This workgroup is composed of key leaders from USARC, AC, USAREC, Accessions, G1, OTSG, Warrant Officers, and TPU. The purpose is to analyze the status of the ADN nurses in the USAR and the impact this has on the ANC as a whole. The goal is to identify realistic options for ADN nurses and assure promotion potential throughout their career.

Q. Who are the key players at APPD?

R. LTC Anne Bauer represents the Army Reserves and LTC Angela Ross the Active Duty Component. Both are members of the Army Nurse Corps. All AMEDD Corps are represented at APPD along with the Army National Guard in the Officer Division. The Directorate includes the Enlisted, Civilian Personnel, Force Modeling and the Data Systems Divisions.

Reflections from COL (Ret.) Margaret Bailey by MAJ Charlotte Scott, ANC Historian, OTSG

In honor of National Nurses Week, I would like to share with you a little bit about one of our own Army Nurses, COL (Ret.) Margaret Bailey, the first black nurse promoted to the rank of Lieutenant Colonel, and later to become first black nurse to hold the rank of Colonel. She is a gracious and wise nurse leader, and an inspiration to everyone who crosses her path. Her experiences that she shared helped us appreciate the challenges that black nurses before us faced and how they have effected change that Army Nurses all benefit from today. COL Bailey recently shared her experiences with the audience at the LRC Heritage Series presented at the Uniformed Services University of the Health Sciences on 04 APR 2005. This event was in appreciation of Black History month, previously scheduled to be held in February but was ultimately rescheduled due to inclement weather.

COL Bailey was brought up in the south, born in 1915, and has seen many changes in our country. First, she shared with us a historical look at the great progress black leaders have made through out history and discussed how it is important for each of us to remember and be aware of people making history even today. She discussed how if Frederick Douglas, an ex-slave, and other

black ancestors from 220 years ago were alive today, they would compliment the progress that blacks in the United States of America have made and continue to progress without containments.

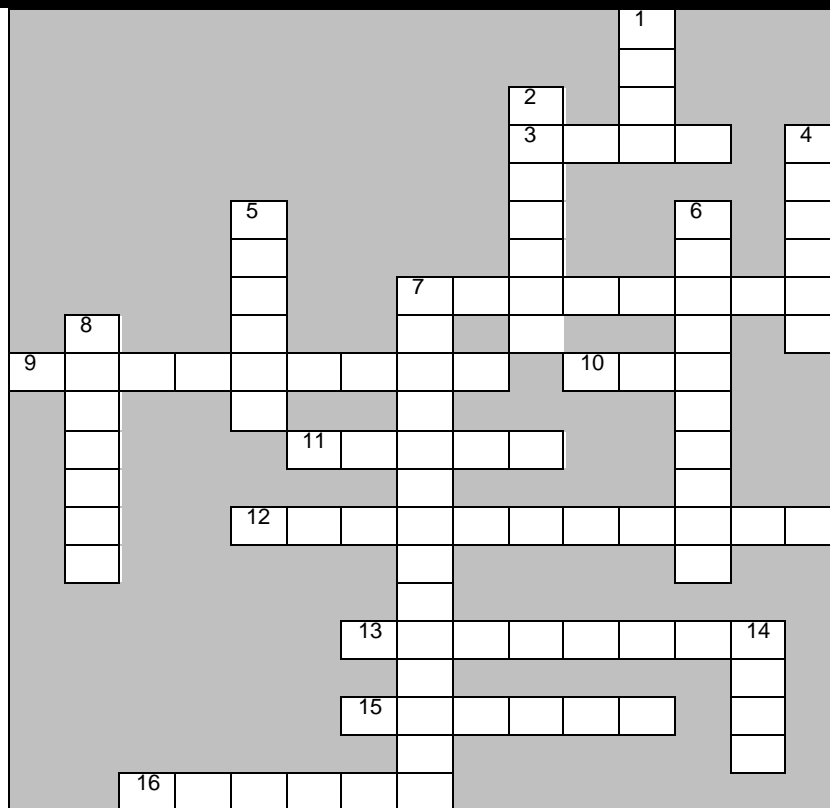
COL Bailey reminded us of the early history of our nation and how slaves and African Americans helped to build the White House and our nation's Capitol. The Georgetown area here in D.C. also holds an important place to black history as it served as the passage of the Underground Railroad, an escape route of the slaves from the south. She discussed George Washington Carver, an African American scientist who is world famous for his research in agricultural chemistry. Thanks to him we enjoy many products made from peanuts, instant coffee, and soap to name a few. She also paid tribute to Rosa Parks, and her bravery in refusing to move to the rear of the bus, and because of her, public transportation is no longer segregated. The audience greatly enjoyed listening to COL Bailey speak because we all could relate to these actual events in African American history.

Next, COL Bailey presented us with more recent African American history, beginning with recognition of Brigadier General Hazel Johnson-Brown, 16th Chief of the Army Nurse Corps, and the first African American nurse to become a General, as well as the first African American Chief of the Army Nurse Corps. Then she discussed Brigadier General Clara Adams -Ender, our 18th Chief of the Army Nurse Corps, and first Army Nurse to be a commanding general of a major U.S. Army installation, commanding Fort Belvoir. Since the achievements of BG Adams -Ender, more females have since become commanding officers, and hospital commanders. She then discussed General Colin Powell, Joint Chief of Staff, and the first African American Secretary of State whose accomplishments will certainly be documented in the history books. Current history is also being made by Dr. Condaleeza Rice, the first African American female Secretary of State.

COL Bailey has seen many changes in the military through out her career. She summarizes these experiences beautifully in her autobiography book titled, *The Challenge*. This book is a pleasure to read. COL Bailey shared in her presentation, just as in the book, her experiences following completion of nursing school in Montgomery, Alabama. After working in civilian nursing in Florida, then later moving up to Staten Island, New York, World War II began. She remembers when she heard that Pearl Harbor had been bombed, marking the entry of the United States in the War. She knew that nurses would be needed and she applied to the Army but was told that no African American nurses could join because of regulations not permitting entry into the Army. This would eventually change as various leaders soon petitioned for this to change. A small number of black nurses at first were accepted into the Army Nurse Corps during WWII, and were initially only permitted to take care of black patients. By May 1943, 183 black nurses held commissions in the Army Nurse Corps. By the end of WWII approximately 500 black nurses were serving in the Army Nurse Corps.

COL Bailey persisted in her application to the Army and was admitted into the Army Nurse Corps in 1944, and immediately volunteered for overseas duty. Her first experiences in the Army were working in a segregated unit, and the challenges that environment presented. She was assigned not over seas, but rather to work at a prisoner of war camp in Florence, Arizona. Segregation policies also existed at this camp, to include segregation of dining facilities. COL Bailey considered this just another challenge, and set forth to effect needed change. As a result of her leadership, the dining facilities at her unit were no longer segregated. The African American nurses were then invited to the Officers Club where they had previously not been permitted to use. COL Bailey never let challenges like these be a discouragement. She helped us all to understand that if we find that something is not quite right, it is good to challenge it.

Army Nurse Corps History Crossword Quiz

**DOWN:**

1. The ____ Nurse Corps is the oldest of the United States Military Nursing Corps.
2. On 27 SEP 1944, LT Reba Z. ____ of the 813th Medical Air Evacuation Transport Squadron became a prisoner of the German Army.
4. Who was the first black woman to be promoted to COL in the Army Nurse Corps? (COL Margaret E. ____.)
5. The Army Nurse Corps was the first ____ component of the United States Armed Forces.
6. In what country were 66 Army Nurses held as prisoners of war by the Japanese Army during WWII?
7. What was the name of the bill passed by Congress which established the Nurse Corps (female) on 02 FEB 1901? (The Army ____ Act of 1901).
8. Who is the most highly decorated nurse in the history of the Army Nurse Corps? (COL Ruby ____).
14. Who was the first male commissioned in the Army Nurse Corps? (2LT Edward L. T. ____).

ACROSS:

3. Who was the first female General in the U.S. Army? (She is our 13th Chief of the Army Nurse Corps, BG Anna Mae ____).
7. In 1920, what type of rank were Army Nurses given. (This rank did not allow full rights or privileges of the officer commission).
9. Where is the "Spirit of Nursing" monument located? This monument was dedicated on 08 NOV 1938, and carved from Tennessee marble by Miss Frances Rich. (____ Cemetery).
10. During which war were Army Nurses used as anesthetists for the first time?
11. Who wrote the Army Reorganization Act of 1901? (Dr. Anita Newcomb ____).
12. In 1947, which Army Nurse Corps officer received the first Regular Army Officer Commission? (She was our 7th Chief of the Army Nurse Corps. COL Florence A. ____).
13. On 03 DEC 1956, the first three male nurses reported to Fort ____, KY for airborne training.
15. Who was the first Superintendent of the Army Nurse Corps, serving from 1901-1909? (Mrs. Dita H. ____).
16. In 1943, the first class of Army Nurse Corps flight nurses graduated at the School of Air Evacuation at ____ Field, KY.

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